

|  |                      |   |       |  |         |             |  |
|--|----------------------|---|-------|--|---------|-------------|--|
| No. <b>C 175904</b>  |                      | <b>Due no later than Nov 30, 2017</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b>   |       | CATHERINE REYNOLDS MD<br>9350 BIENAPFL DR.<br>BOISE ID 83709 |         |             |  |
|  |                      | <b>1. Mailing Address: Correct in this box if needed.</b>                                     |       | 3. <u>New</u> Registered Agent Signature:*                   |         |             |  |
|  |                      | SYRINGA FAMILY MEDICINE, P.A.<br>CATHERINE REYNOLDS MD<br>9350 BIENAPFL DR.<br>BOISE ID 83709 |       |  |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                      |   |       |  |         |             |  |
| Office Held  | Name                 | Street or PO Address  | City  | State  | Country | Postal Code |  |
| DIRECTOR   | BRIAN A REYNOLDS     | 9350 BIENAPFL DR.   | BOISE | ID   | USA     | 83709       |  |
| PRESIDENT  | CATHERINE J REYNOLDS | 9350 BIENAPFL DR.   | BOISE | ID   | USA     | 83709       |  |
| 5. Organized Under the Laws of:  |                      | 6. Annual Report must be signed.*   |       |  |         |             |  |
| <b>ID<br/>C 175904</b>   |                      | Signature: Brian  |       | Date: 09/18/2017   |         |             |  |
|  |                      | Name (type or print): Brian   |       | Title: Director  |         |             |  |
| Processed 09/18/2017   |                      | * Electronically provided signatures are accepted as original signatures.                     |       |  |         |             |  |